BOROUGH OF LEIGH.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE

Year ended 31st December, 1923.

LEIGH :
Collins & Darwell Ltd., Printers, Hope Street.

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BOROUGH OF LEIGH, 1923.

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MEDICAL STAFF.

Medical Officer of Health and School Medical Officer :

J. CLAY BECKITT, M.R.C.S., L.R.C.P., D.P.H.

Ophthalmic Surgeons :

J. SACKVILLE MARTIN, M.D.

G. H. SHAW, M.B., C.M.

Operative Surgeon :

F. PEARCE STURM, Ch.M.

Anœsthist :

J. JONES, M.D.

Aural Surgeon :

F. PEARCE STURM, Ch.M.

Dental Surgeon :

E. ENTWISLE, L.D.S. Eng.

School Nurses :

Miss LAWRENCE

Miss SMITH

Clerk :

Miss PASS

Town Hall,
Leigh.

To the Chairman and Members of the
Education Committee of the Borongh of Leigh.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the Medical Inspection and Treatment of School Children in the Public Elementary Schools in the Borough of Leigh, for the year ending 31st December, 1923.

The following tables show the particulars of the Schools, accommodation and attendance :—

	Mixed.	Infants.	Total.
Average on Register ...	5044	2042	7086
Average Attendance ..	4613	1778	6391
Percentage Attendance ...	91·6	87·6	90·0

	Schools.	Departments.	Accommodation.
Provided ...	1	3	940
Non-provided ...	17	33	8121
Total ...	18	36	9061

There were no half-timers in the Schools.

Treatment continues to receive considerable attention, and quite a number of defects are now dealt with. Amongst others, enlarged tonsils and adenoids are operated on, defects of vision are corrected and spectacles provided, diseases of the ear and nose, dental and minor ailments, including skin diseases, blepharitis, ringworm and injuries, etc.

The public continues to show its desire for School Treatment Clinics, and instead of the passive opposition exhibited a few years ago the requests for early treatment sometimes become disconcerting. Real opposition is practically never met with now.

The Teachers also, by their constant reference of children to the Clinics with request for treatment and advice, show their confidence in the movement.

By the use of Clinic Attendance Cards the minimum absence from school in attending the various Clinics is secured and credit for attendance is safeguarded as much as possible.

The object aimed at is to ensure that every child shall be capable of receiving benefit from the education given in the ordinary Elementary School, or steps be taken to ensure either the child shall be made capable or placed in surroundings suitable to its mental or physical capacity.

There are a number of children still in the ordinary classes who would greatly benefit by special methods of instruction. The system of having graded classes for more or less defective or backward children in the larger schools is worthy of the careful consideration of the Committee.

There are also a number of children whose physical and mental health would be greatly benefitted by attendance at an open-air school, in fact many have to be excluded for weeks at a time from the ordinary School, who would make regular attendance at an open-air school, with improvement to their health.

It is time the Committee took into their serious consideration the provision of a centrally situated open-air school. The practice has long passed the stage of experiment, and the permanent benefit to health and educational progress of the children who attend such schools has proved its real value.

It is the experience of districts provided with open-air schools that children too delicate for an ordinary school stands the wide open doors and outside air temperature not only without prejudice, but with great improvement to physical and mental health. It is also a significant fact that incidence of infectious diseases such as Measles, Influenza, Whooping Cough, etc., is less amongst children attending the open-air schools than those attending the ordinary schools, and every year that a child escapes the common infective diseases of childhood, the less the mortality and the risk of crippling. These schools, thus, are of positive value in the prevention of infectious disease.

The prevalence of vermin in the children's heads, especially of girls, continues to be deplorable. It causes a serious loss of attendance and is often the commencement of more serious trouble. The introduction of septic matter into the scalp through scratching causes enlargement of the glands of the neck, and the glands thus weakened are naturally prone to tubercular infection.

Very serious and persistent attention has been devoted to the matter, and a large amount of the Nurses' time is taken up in detecting and treating the condition.

The girls' heads are inspected and re-inspected on the following occasions :—

(a) Routine Medical Inspection.
(b) Nurses' Routine Inspections for Cleanliness.
(c) Frequent surprise visits for ascertaining Uncleanliness.
(d) Every visit to the School Inspection Clinic.

The results of such examinations of heads and bodies are as follows :—

Total Inspections for Cleanliness ...	6433
Number of Children found Unclean ...	938
Percentage	14·6

These figures refer to girls and infants only.

The efforts have certainly been amply rewarded, but the condition will never be eradicated until a healthier public opinion prevails in the matter. People do not realise that the presence of nits is impossible without the living lice whose eggs they are, or that their presence is not an indication of robust health.

In dealing with them an attempt is made to impress on the mothers the fact that where children are congregated together infection may take place in spite of the utmost cleanliness.

The co-operation of the Teachers, in particular the Head Teachers of the infant departments, is solicited in an endeavour to insist as far as possible on the mother, when she enters the child on the school register, promising to keep the girl's hair short or tightly plaited when in school, during the whole of her school life. If one or the other of these methods and better cloak-room accommodation were adopted, I consider infection through the school environment would be almost nil.

Infection due to home conditions would still have to be dealt with, but as the source could be more easily ascertained, and being more limited, concentrated pressure could be applied with better prospect of success. I have received constant and effectual assistance from the local Inspector of the N.S.P.C.C. in dealing with this class of habitual offenders, who are usually careless and slatternly mothers or widowers who have failed to make proper arrangements for the care of the house and the children.

A note is sent to the parents of all children found to have nits or vermin, or to be in a foul or filthy condition, calling their attention to

the child's condition and giving instructions for cleansing. They are re-examined by the School Medical Officer in a few days, at the Inspection Clinic, and if satisfactory progress has not been made, a notice under Section 87 of the Education Act, 1921, is sent. If the cleansing has not been satisfactorily accomplished in about four days, the child is removed from school by the Nurse and effectually dealt with.

Probably when parents realise that adverse reports by S.M.O. to the Juvenile Employment Exchange are likely to be issued for this condition, they will make a serious attempt to keep the heads clean.

A close co-ordination between the School Medical Service and the various portals of Juvenile Employment is desirable. It would secure a higher standard of efficiency of the candidates for employment and a much diminished incidence of vermin in girls' heads if the S.M.O. was entrusted with certifying of children for employment instead of the Factory Certifying Surgeon.

The loss of wages appeals much more forcibly than any sense of moral responsibility or decency.

I have received a hearty co-operation from the Teachers, who have rendered great assistance in securing early treatment and proper care for those requiring it, and referring doubtful cases for advice to the Clinics. I am satisfied they are anxious to support the objects of the Medical Service. I wish to tender them my sincere thanks.

My gratitude is also due to the N.S.P.C.C. and its late local representative, Inspector Westmorland, for his energetic, ready and most valuable assistance. My thanks are heartily tendered to the School Nurses for their untiring devotion to duty and keenness to improve the service.

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

The School Medical Officer is also Medical Officer of Health and has charge of the Child Welfare Organisation. Co-ordination of supervision is thus secured.

The respective Committees have approved of the principle of amalgamating the Staffs of the School Medical and Child Welfare Departments. By this amalgamation an end would be put to a purely arbitrary division of work which could not be defended on the grounds

of economy or efficiency. The child would be under the supervision of one set of officials from birth onwards, and even ante-natal conditions would be the concern of the same official. During the coming year the scheme will become operative.

There are no Nursery Schools in the Borough.

The care and treatment of debilitated children below school age are secured through the Maternity and Child Welfare Scheme by :—

Private Medical Practitioners.
The Local Hospitals.
Special Hospitals.

The Health Visitors visit the homes, advise the parents and endeavour to get every case properly treated which requires it.

3.—SCHOOL HYGIENE.

The School Medical Officer has inspected all the Sehools, some of them two or three times, during the year. They are all more or less defective ; some to a serious extent, others less so.

The grounds of complaint most common perhaps are :—

Unpaved playgrounds.
Lack of facilities for washing and drinking.
Inadequate and improper cloak-room accommodation.

There is usually no arrangement for drying clothes, and the cloak-rooms are generally dark, cold and dirty.

Boiler fire cinders form the covering of most of the playgrounds. They are dangerous when first put on as large clinkers, and later, when broken up by tramping, become a bed of fine black dust in fine weather, and a sticky morass when wet. It is impossible to keep Schools reasonably clean when so much black dirt is carried into the building on the children's boots and clogs.

It all becomes black dust, and is stirred up time after time by the movement of the scholars.

It is quite exceptional to find reasonable facilities for the drinking of water and washing. All the Schools have town's water laid on.

Many of the water closets are flushed by "tipplers." They are very unsatisfactory, and are constantly getting out of order. There is room for improvement in the cleanliness also. Improper use is very often the reason, and causes some unnecessary irritation to the Caretakers.

The ventilation of the school-rooms is fairly good. Natural means is usually relied on, and where the Teachers take an intelligent interest in the matter quite satisfactory results can be got. There is not sufficient attention given, however, to the flushing of the rooms during the short play intervals.

The lighting of the class-rooms, with very few exceptions, is satisfactory. Although the window area in many cases is below what is desirable, the absence of over-shadowing trees or buildings ensures a fair amount of light entering the room.

The desks are generally so placed as to secure the best advantage, and in accordance with established principles, but more than three-quarters of the desks used in the Schools are of the continuous type, without back-rests, and with the seat placed too far back from the desk. These relative positions entail considerable bending forward of the child's body, and more or less resting on the desk. It is an unnatural position, conducing to restriction of chest movement and a stooping posture.

Most of the Schools lack reasonable accommodation for the Teachers ; they have no retiring room, and usually no separate sanitary arrangements.

I am pleased to note there was not the same tendency to crowd a class into a small compass, instead of spreading them out to cover the largest area available. Catarrhal, and particularly respiratory diseases, are much more likely to be disseminated amongst the children by crowding, and last year I made a point of calling the attention of the Teachers to the matter. The cleansing of the Schools is very unsatisfactory. I consider they ought to be as clean as the rooms at home, but I am sure any housewife of average self-respect would be ashamed to see her floors and furniture in the state usually found in our Schools.

The Managers of some of our Schools have schemes in hand for alteration and improvement of the premises. In the meantime a special effort is being made to secure satisfactory cloak-room accommodation, improvement in seating, and a cleaner condition of the buildings.

4.—MEDICAL INSPECTION.

A.—Groups Inspected.

All the children present in School on the occasions were inspected belonging to the following age groups :—

(a) Entrants—those admitted to School during the 12 months preceding March 31st, 1923.

(b) Intermediates—those between 8 and 9 years of age.

(c) All who have reached 12 years of age, unless they have been examined since reaching that age.

(d) Special cases referred by the Teachers, etc.

B.—The Board's Schedule of Medical Inspection has been followed.

C.—Ascertainment of Cripples.

Infants suffering from congenital crippling conditions and those showing evidence of crippling diseases are kept under observation, and such steps taken to secure treatment as are necessary by the Health Visitors until the child arrives at school age. The records are then transferred to the School Nurse, who continues the supervision.

Treatment—surgical, mechanical and educational—is secured either through—

(a) The Private Practitioner.
(b) General Hospital.
(c) Special Hospital.

A list for permanent record is being compiled of all known and ascertained cripples, of whatever age or cause.

The absence of arrangements for massage and corrective mechanical treatment is to be deplored, and forms a serious breach in an otherwise fairly complete treatment service.

Children return home from hospital after an operation requiring frequent and prolonged massage, for which no provision is made. A highly successful operation, often at the expense of the Committee, may have carried through, but the cure cannot be completed without the assistance of the masseur, and thus money is spent without securing the benefit available.

D.—Disturbance of School Arrangements by Routine Inspection.

Very few Schools have a vacant room in which the inspection can take place. Consequently it entails a re-arrangement of the classes, making provision for at least one class in a room already occupied. In many cases the disturbance is even greater on account of the inspection room being entered from another class-room and all the children about to be inspected having to pass through this room.

The Head Teacher invariably places his services at my disposal, and often the Assistant Teacher is present during the inspection of the members of his or her class. I encourage their presence, and find their observations of great value. They receive advice first hand, and undoubtedly take a greater interest in the defective condition pointed out to them. They also act as an ideal link between the doctor and the parent in the absence of the latter, and are a potent factor in securing treatment by the more indifferent parent.

5.—FINDINGS OF MEDICAL INSPECTIONS.

Review of the facts disclosed by Medical Inspection :—

A.—Uncleanliness.

Frequent routine inspections for cleanliness are carried out by the School Nurses.

Printed instructions for cleansing are given to the scholar to convey to the parent.

If necessary the child is excluded. The case is followed up at once if excluded, or if on a subsequent visit to the School the cleansing has not been satisfactorily carried out. The child also attends the Inspection Clinic weekly.

Uncleanliness is also looked for during the routine inspection and at the Inspection Clinics. The same procedure is followed with regard to treatment.

The School Medical Staff is much encouraged by the increasing and consistent interest in this matter shown by the Teachers, and their determination that the children shall enjoy the pleasure of self-respect of a clean body.

The eradication of nits in girls' hair entails an enormous amount of time and attention, and is made more arduous by the indifference of the mothers; in fact some parents seem still to look upon the presence of lice and nits as evidence of robust health.

Plaiting and bobbing the hair seem to some extent to diminish the dissemination, but these methods of dressing the hair are not at all popular, and even strongly resented by many parents. Many of the Teachers make an effort to insist on the point, but feel they lack power to enforce it.

B.—Minor Ailments.

These consist of Impetigo, Eczema, Ringworm, Blepharitis, Injuries, Enlarged Glands, Anæmia, etc. They are treated at the Minor Ailment Treatment Clinic by the School Nurse under the supervision of the School Medical Officer, if not otherwise attended to after notice has been sent to the parent.

Excluding cases of uncleanliness, 762 were found during the course of inspection. Particulars of treatment are contained in Table IV. of the Appendix, and the following table shows the nature and respective numbers of the minor defects found :—

Minor Defects.	No. Requiring Treatment.	No. for Observation.	Total.
Enlarged Glands (Non-T.B.)	—	4	4
Defective Speech	—	5	5
Heart and Circulation (including Anæmia)	47	16	63
Skin Diseases	410	—	410
External Eye Disease	104	—	104
Lung Disease	20	12	32
Nervous Diseases	6	—	6
Other Minor Defects	89	56	145

C.—Tonsils and Adenoids (one or both).

The table below shows the number of children found at Medical Inspections to be suffering from these defects:—

	Entrants.	Intermediates.	Leavers.	Special.	Total.
Boys ...	56	24	28	57	165
Girls ...	43	31	36	86	196

The relative frequency of the respective conditions were found as follows :—

Enlarged Tonsils.	Adenoids.	Enlarged Tonsils and Adenoids.	Other Conditions.
289	56	16	11

Only those were referred for treatment who showed evidence of resulting interference with normal breathing or the tonsils were so large as to manifestly warrant removal.

D.—Tuberculosis.

Before the diagnosis is definitely adopted every case, doubtful or otherwise, is referred to the Tuberculosis Officer for his diagnosis and opinion as to the infectivity of the condition in order to arrive at a decision as to the school attendance. The following table shows the number of children so diagnosed :—

(a) Pulmonary : Definite and Suspected.

	Entrants.	Intermediates.	Leavers.	Specials.	Total.
Boys ...	1	2	—	8	11
Girls ...	2	5	3	11	21

(b) Non-Pulmonary.

	Entrants.	Intermediates.	Leavers.	Specials.	Total.
Boys ...	3	6	3	7	19
Girls ...	2	4	4	5	15

E.—Skin Diseases.

This table shows the number of children found suffering from the various skin diseases specified :—

	Impetigo.	Scabies.	Ringworm.	Other Diseases.	Total.
Boys ...	135	—	32	5	172
Girls ...	117	1	23	7	148
Total ...	252	1	55	12	320

F.—External Eye Diseases.

Blepharitis was by far the most common disease found during inspection.

The parents are very indifferent with regard to treatment and constant and repeated urgings are necessary to get anything done. Treatment at the Clinic, I am satisfied, is the only satisfactory way of securing amelioration. Every facility is offered.

The following table shows the frequency of the several external eye diseases :—

	Blepharitis.	Conjunctivitis.	Other Diseases.	Total.
Boys	23	18	6	47
Girls	27	15	15	57
Total	50	33	21	104

G.—Vision.

Sight tests are not applied to entrants at the Routine Medical Inspection. Snellin's type is used for all others.

Children revealing an acuteness less than 6/9 in either eye are referred to the Ophthalmic Surgeons for test and prescription, if the correction has not been efficiently secured by the parent after notice of the defect has been sent.

This table shows the number found with less than 6/6, and the subjects of squint :—

	Intermediates.	Aged 12.	Aged 13.	Specials.	Squint.	Total.
Boys	30	21	16	9	16	92
Girls	23	29	17	7	14	90
Total	53	50	33	16	30	182

H.—Ear Disease and Hearing.

The following table shows the number of children suffering from suppurative otitis media alone, deafness without present otitis and those in which both are combined :—

	Defective Hearing.	Otitis with Defective Hearing.	Other Diseases.	Total.
Boys	12	19	1	32
Girls	16	16	4	36
Total	28	35	5	68

I.—Dental Defects.

This table shows the number of children with unsound or otherwise defective teeth belonging to the repective age groups :—

	Entrants.	Intermediates.	Leavers.	Total.
Boys ...	39	130	50	219
Girls ...	50	168	44	262
Total ...	89	298	94	481

J.—Crippling Defects.

The following table shows the cause of the crippling conditions as far as can be ascertained :—

	Tuberculosis.	Paralysis.	Rickets.	Heart Disease.	Congenital.	Total.
Boys ...	3	2	1	5	1	12
Girls ...	4	5	4	9	2	24
Total ...	7	7	5	14	3	36

6.—PREVENTION OF THE SPREAD OF INFECTIOUS DISEASE.

The success of any steps taken to prevent the spread of infectious diseases depends on the early and reliable knowledge of its presence.

This information is obtained by :—

(a) Statutory notification by Medical Practitioners and others to the Medical Officer of Health, who is also School Medical Officer.

(b) Weekly Returns made by the Head Teachers of all absences and the ascertained cause to the School Attendance Officers and which are immediately submitted to the School Medical Service.

(c) The School Nurses.

(d) The School Attendance Officers.

(e) Daily return of fresh cases reported to be absent on account of infectious disease during its prevelance.

The first means is the only one which really satisfies the conditions laid down, as information received from parents is often quite unreliable.

Administrative action taken include—

(a) Isolation of patient.

(b) Nurses' visits to school affected, to detect and exclude suspicious cases.

(c) Exclusion of contacts.

(d) Secure home nursing and treatment.

(e) Disinfection of Schools.

(f) Improve general sanitary condition of the Schools.

(g) Insist on free ventilation of the Schools.

(h) Have the children evenly distributed over the maximum area available whilst in School.

(i) Allow no infectious case or contact to be re-admitted until certified by the School Medical Officer.

(j) Disinfection of the homes.

School or Department Closure was not resorted to during the year.

7.—FOLLOWING UP.

Following the Routine Medical Inspections a notice is sent to the Head Teachers specifying the defect or defects found in each child in the School, with a request that any serious alteration in the condition should be at once notified and that he should avail himself of every opportunity to impress upon the parents the advisability of securing the necessary treatment.

A notice is also sent to the parent stating the defect found and requesting them to seek medical advice.

The parents of those found defective are subsequently asked to bring the child to the Inspection Clinic, and if treatment has not been received or is shown not to be satisfactory, a strong appeal is made to secure it at once, and the services of the Treatment Clinics are offered.

If the parent does not attend or the interview is unsatisfactory, the School Nurse visits the home and discusses the matter with the parent.

In the event of failure to secure it, where treatment is reasonably available, the influence of the School Attendance Officer or the Inspector of the National Society of Prevention of Cruelty to Children is solicited, according to circumstances.

Occasionally only is it necessary to seek the help of the Magistrates.

There has been a distinct difficulty in the parents securing treatment for certain conditions, especially of an operative character. In fact, so far as enlarged tonsils and adenoids were concerned, previous to the opening of the Authorities' Operative Clinic, a very small percentage of those children requiring operation were able to secure it.

There are two School Nurses and their duties include attendance at :—

(a) Schools.—(1) At Medical Inspections.
(2) Systematic inspections for cleanliness.
(3) In connection with outbreaks of Infectious Disease.
(4) Examination of cases at request of teachers.

(b) Clinics. —(1) Inspection Clinics.
(2) Treatment of Minor Ailments.
(3) Ophthalmic Clinic.
(4) Operative Clinic.
(5) Aural Clinic.

(c) Homes. —(1) Following up defective children when treatment has not been secured.
(2) To instruct and demonstrate to parents home treatment, especially with regard to cleanliness.
(3) Ascertain cause of absence from Inspection or Treatment Clinics.
(4) Investigate home conditions in cases of bad clothing and footgear.

The School Attendance Officers render constant assistance in maintaining attendances at the Treatment and Inspection Clinics of those children excluded from School, and also in obtaining information for a

variety of purposes. The duty of obtaining the parents' contribution towards the cost of the spectacles provided through the Ophthalmic Clinic is also entrusted to the Chief Attendance Officer.

8.—MEDICAL TREATMENT.

On the recognition of a defect the parent is informed of the fact by letter, or verbally if present, and is requested to consult the family doctor with a view to treatment. The Head Teacher is also notified of the defect.

A defect card is made out and the child subsequently called for re-examination.

If efficient treatment has not been obtained further pressure is put on the parent to take steps to secure it, or the services of the Special Clinics, in suitable cases, are offered. Minor Ailments, Dental, Aural, Ophthalmic and Operative Clinics have been held during the year.

Treatment of many minor conditions outside the Clinic is far from satisfactory. The length of time taken is out of all proportion to what is required under supervised energetic measures, and if exclusion from School is necessary the loss of education to the child and grant to the Authority is serious.

Charging the parents for treatment has produced considerably more work.

Parents are not so ready to seek or agree to treatment being carried out at the Clinics since the introduction of charge. Delay and interruption in the regularity of some of the Clinics has resulted, in addition to considerable more time being occupied in interviews and investigations. Every consideration is given to the economic circumstances of the parents, and no child is debarred treatment on account of inability to pay even a small fee ; but delay in treatment and extra time has been spent in the preliminaries, leading to actual diminution in the amount of treatment and out of all proportion to the money received.

(a) Minor Ailments.

The following diseases are included under this heading:—External Eye Diseases, Skin Diseases, Otorrhœa, Wounds, etc.

Treatment is carried out by the School Nurse under the direction of the S.M.O. and Aural Surgeon. The Clinic is held each morning at Stone House, and serves the whole area.

The children who attend are examined by the S.M.O. at the Weekly Inspection Clinic and the Surgeon at the Aural Clinic.

To interfere as little as possible with the education of those children who are not excluded, a "Clinic Attendance Card" is used, the child conveying it to and from the School and Clinic, with the times of departure marked on it.

(b) Tonsils and Adenoids.

The Operative Clinic for these conditions has been running for a full year for the first time.

All the cases are referred by the School Medical Officer after an attempt has been made to get treatment carried out by the parents. Only those are sent for operation who show evidence of the conditions producing physical disability.

The parent is interviewed and written consent for operation obtained. Printed directions for preparation and after-treatment of the child are given.

The child is brought to Stone House on the morning and put to bed for three hours before operation. They are retained till evening and examined by the Surgeon or Anæsthetist before being sent home in the ambulance. If necessary, the children could remain over night.

Special and detailed instructions for breathing exercises are given and parental supervision is insisted on. Inspection takes place eight days later, and the child is usually fit for school on the twelfth day.

The results have been most satisfactory and almost immediate. The facial expression, hearing and general health all participate in rapid improvement.

The Teachers also express their surprise at the increased attention and progress in School work as the result. I am convinced that from an educational point of view the work will return a good harvest, in addition to the economic advantage.

A special report on the work of the Clinic by the Surgeon and Anæsthetist will be found on pages 38 and 40.

(c) Tuberculosis.

All cases—Pulmonary and Non-Pulmonary—are referred to the Tuberculosis Officer through the parent, and appointments are made for the purpose. The influence of the School Medical Service is used to secure regular attention to the treatment, and some few cases are sent to Open-Air Schools if considered suitable and unlikely to secure admission to a sanatorium.

The services of the Tuberculosis Officer are used to decide the question of infectivity and school attendance.

All children of school age notified to the M.O.H. as suffering from Tuberculosis are reported to the S.M.O.

(d) Skin Diseases.

Treatment is received from—

(1) Minor Ailment Clinic.

(2) Private Practitioners.

(3) Manchester Skin Hospital.

By far the most satisfactory means is the Clinic. Cure is ensured much earlier, and school absence is avoided in suitable cases.

Ringworm and Impetigo are the most common infectious skin diseases, and produce the greatest interruptions in school attendance.

X-Ray treatment is not yet available for ringworm and there is no cleansing station for Scabies and other forms of uncleanliness.

The heads of children infected with lice are cleansed by the School Nurse at Stone House after failure to comply with the notice served under Section 87 of the Education Act, 1921.

More ample provision of cloak-room accommodation in the Schools, with numbered hat and coat pegs allotted to the individual child, would, I am satisfied, diminish the spread of these infectious skin diseases and vermin. Strict supervision of the use of the cloak-room is also necessary.

(e) External Eye Diseases.

These conditions receive treatment through one or other of the following :—

(1) Private Practitioners.
(2) Manchester Eye Hospital.
(3) Minor Ailments Clinic.

The acute conditions generally procure efficient energetic treatment, but the diseases which occur usually in a more chronic form, such as Blepharitis, require such prolonged and persistent attention that apathy and carelessness often ensue before a cure is obtained. The result in these cases is distinctly unsatisfactory. Free treatment at the Clinic is the most promising method.

Cases of Squint are treated as defects of vision.

(f) Vision.

Cases of acuteness of vision of $\frac{6}{9}$ and less, and Squint, are referred to the Ophthalmic Surgeons for examination and prescription.

The fee, by contract, is paid by the Education Committee, and the spectacles are paid for by the parents, wholly or in part, according to their circumstances.

The routine followed at the Ophthalmic Clinic is as follows :—

After a preliminary examination of the eyes, a mydriatic, consisting of an oily solution of homatropine and cocaine, is placed inside the lower lid of all those to be tested. They then return to the waiting-room, while those tested under the mydriatic the previous week are examined by the same Surgeon subjectively, and the necessary spectacles prescribed and frames fitted.

The retinoscopic examination ot the fresh cases is then proceeded with and the findings recorded. The children tested on previous occasions, and whose spectacles have been received, are also re-examined, with the spectacles on, to check the accuracy of the lenses and the fit of the frames.

On the occasion of the first and second attendance the child is given a "Clinic Attendance Card," returnable the same day of the following week.

Approximately six fresh cases and twelve re-examinations are dealt with at each session.

One hundred and twenty-seven children were examined at the Ophthalmic Clinic during the year.

Particulars are contained in the report of the Ophthalmic Clinic.

When glasses are procured, whether privately or through the Ophthalmic Clinic, the Teachers are notified and requested to insist on the wearing of the glasses according to instructions.

Arrangements are made for the repair of the frames by a local mechanic on special terms, at the expense of the parents.

Particulars of the nature of the error of vision will be found in the report of the Ophthalmic Surgeons.

(g) Ear Disease and Hearing.

Otorrhœa is treated by referring the cases to :—

(a) Private Medical Practitioners.
(b) Special Hospital.
(c) Aural Clinic.
(d) Minor Ailment Clinic.

The condition requires such long and persistent treatment that it is found the absence of control, associated with the two former channels, leads to slackness or early abandonment of attendance. Little assistance in the treatment can be obtained in the children's homes, and it is clear the Clinic is the only means by which cure can be anticipated. A Special Clinic, under the supervision of an Honorary Specialist, has been carried on during the year. The establishing of the Aural Clinic will, I hope, materially diminish the number of chronic running ears in the Schools, as advantage is already being taken to get the condition adequately treated in the early stage. Apart from the presence of wax in one or both ears, deafness was found to be due to Middle Ear Diseases caused by Measles, Scarlet Fever, or other infective Catarrhal Disease and Tonsils and Adenoids. Adenoids are found to be almost constantly present, and their removal has been found essential to successful treatment.

Treatment is urged in every case, and the necessity of persistence pointed out if attendant dangers are to be avoided.

Further particulars of the work carried out will be found in the report of the Aural Clinic.

(h) Dental Defects.

The teeth are inspected at the Routine Medical Inspection by the S.M.O., and the children forming the five to eight years old group are inspected by the Dentist in the Schools, together with those who have been previously treated.

The parents of those children found at the Routine Medical Inspection to have defective teeth are informed of the fact and recommended to seek treatment. The Head Teachers are also notified and asked to support the advice given. The Dentist refers those children requiring treatment ascertained at his inspection to the Dental Clinic for subsequent attention, if treatment has not been otherwise obtained. Four sessions per week were given by the Dentist to inspections, re-inspections and treatment.

The findings at the inspections were as follows :—

		Total Number Inspected.	Percentage showing Defective Teeth.
Dental Inspection	Boys	1134 ...	56 per cent.
	Girls	1189 ...	52 ,,

It is anticipated the examination by the Dentist would be more thorough and, supported by the use of the mirror, etc., many small points of caries not observed at the medical inspection would be readily detected by the Dentist. An enormous amount of work of a conservative character is now being carried out by the Dentist.

(i) Crippling Defects.

The most common causes of crippling conditions are :—

(a) Tuberculosis of Bones.
(b) Infantile Paralysis.

Rickets, Congenital Deformities and Accidents also contribute.

The Tuberculosis cases are referred to the Tuberculosis Officer, and are kept under our joint observation, with mutual endeavours to secure appropriate treatment, and insisting on the parents giving the necessary facilities. For active surgical and orthopædic treatment removal to a general or special hospital is required. The lack of local provision for massage is felt when they are subsequently sent home for convalescence. Complete remedy is often not obtained on this account, and the benefit of the previous treatment lost.

9.—OPEN-AIR EDUCATION.

There are no Open-air Schools or Class-rooms in the area.

The Teachers are urged to utilise the playgrounds as much as possible in suitable weather for lessons, but the atmospheric conditions of this district are not altogether suitable, being entirely industrial, and the proximity and exposure of the playgrounds to the streets, with the constant traffic, make it difficult for the children to give sufficient attention to their work.

A few of those children in which it is considered most necessary are sent to open-air residential schools for some months, with most beneficial results.

Open-air classes, or, better still, one or more open-air schools in the area, would be a boon to scores of children who are starving for better hygienic conditions, and who cannot possibly be getting more than a fraction of the benefit from the instruction given on account of their low physical health.

10.—PHYSICAL TRAINING.

The general scheme for Physical Training in the Schools is formulated jointly by the S.M.O. and the Organiser of Physical Training.

The S.M.O. takes advantage of every opportunity to observe the classes and discuss with the Instructor any matters which arise. He also advises—in regard to individual children, either referred to him for the purpose or which are met with in other ways—as to a modification of the training, application of special training, or entire omission of physical exercises.

Greater and more intelligent interest is being taken in the subject by teachers and pupils alike.

11.—PROVISION OF MEALS.

Dinners only are provided by the Authority, and are partaken of in a centrally situated dining-room, with kitchen attached.

The children attending distant schools are brought in by bus.

Meals are provided six days a week and continue through the holidays.

The dietaries are submitted for the approval of the School Medical Officer before being adopted.

The children are recommended by the teachers, and the circumstances of the parents ascertained by the School Attendance Officers and judged on the scale of income adopted by the Education Committee.

The cases are approved by the School Medical Officer.

Appended is a list of the menus at present in use :—

MONDAY.

Soup and Rice Pudding.
- 6 lbs. Meat
- 4 lbs. Haricot Beans
- 3 lbs. Lentils
- 3 lbs. Barley
- 3 lbs. Turnips
- 3 lbs. Carrots
- 4 lbs. Onions

Rice Pudding

THURSDAY.

Irish Stew.
- 6 lbs. Meat
- 40 lbs. Potatoes
- 4 lbs. Carrots
- 4 lbs. Turnips
- 4 lbs. Onions

TUESDAY.

Meat and Potato Pie.
- 6 lbs. Meat
- 40 lbs. Potatoes
- 3 lbs. Flour
- 1 lb. Lard

FRIDAY.

Fish and College Pudding.
- $5\frac{1}{2}$ lbs. Fish
- 4 lbs. Peas
- 2 lbs. Lard
- 40 lbs. Potatoes

College Pudding and Custard

WEDNESDAY.

Stewed Beef and Jam Roll.
- 6 lbs. Beef
- 40 lbs. Potatoes
- 4 lbs. Peas
- 1 lb. Flour

Jam Roll and Custard

SATURDAY.

Meat and Potato Pie.
- 6 lbs. Meat
- 40 lbs. Potatoes
- 3 lbs. Flour
- 1 lb. Lard

The quantities given above are for 50 dinners.

Average cost per meal	... ...	3d.
Average number of children fed	...	44·2

The dinner has consisted of one course only since May.

In addition, a local Charity supplies milk to recommended cases through the Director of Education.

Great care is exercised as to the cleanliness of the kitchens, dining room and utensils ; the food is of the best, well cooked, ample and most cleanly served, and the Superintendent is to be congratulated on the very efficient manner the service is carried out.

12.—SCHOOL BATHS.

No school baths are provided, but the Leigh Corporation have allotted hours for the exclusive use of their swimming baths by school children, accompanied by a teacher. Use is made of this privilege to the fullest extent.

13.—CO-OPERATION OF PARENTS.

The parents of every child in the age group about to be inspected receives a notice from the Head Teacher that their child will be medically examined on such a day and time, with an invitation to be present. The parents of the younger children avail themselves of the opportunity in considerable numbers, and the parents of the older children are now attending in increasing numbers. Their presence is a great advantage to the S.M.O. and a benefit to the child, inasmuch as advice with regard to treatment is much more often acted upon than in other circumstances. The defective condition can be pointed out and the necessity for treatment explained in a manner much more appreciable than by letter. The lack of reasonable convenience for waiting at the schools is certainly a deterrent in some cases. Nevertheless, 593 children were inspected in the presence of parents, or rather more than 25 per cent.

In every case of an ascertained defect the parent is notified of the nature of the defect, and a request is made to consult the private medical practitioner with a view to securing appropriate treatment. The parent is later asked to bring the child to the Inspection Clinic, so that the efficiency of the treatment, if obtained, may be ascertained.

If the necessary steps have not been taken, or are insufficient, further effort is made to impress them of its importance, or the service of the Treatment Clinics is offered.

It is evident without the co-operation of the parent little treatment can be secured, and that even of the minimum value.

The ability to offer treatment for the more prevalent defects at the Special Treatment Clinics has made the service much more efficient, and enabled the School Medical Officer to more or less insist on treatment being obtained when necessary, but, as mentioned elsewhere, the request for payment for the treatment is a deterrent to some extent.

14.—CO-OPERATION OF TEACHERS.

(1) Medical Inspections.

The Teachers undertake to inform the parents of the children in the age group about to be inspected by a notice giving date, time and place, and an invitation to be present at the inspection.

They ascertain by circular the previous illnesses from which the individual child has suffered, entering them with the height and weight, age, etc., on the Medical Inspection Card.

They make arrangements as convenient as the circumstances of their school building will allow for suitable rooms for the use of the S.M.O. and waiting-room for the parents.

The Head Teacher—and frequently also the Class Teacher—is present at the inspection, assisting in the general management, giving information of facts observed by them with regard to the children, and receiving opinions and advice from the S.M.O. in connection with the defects found.

The Teachers also present for special inspection at the Routine Medical Inspection children not of the age groups due for Routine Inspection who, in their opinion, show evidence of physical or mental defect. Such children are sent by the Teachers at other times to the Inspection Clinic and Minor Ailments Treatment Clinics.

(2) Following Up.

At the close of the Routine Inspection of a school a list is sent to the Head Teacher of those children found defective, and giving the

nature of the defect. They are asked to take advantage of every opportunity to bring the defect before the parents and urge the importance of securing treatment.

Any material change for the worse in the condition of the ailment is brought to the notice of the S.M.O. by the child being sent to the Inspection Clinic.

(3) Treatment.

I am satisfied the Teachers are anxious to co-operate in securing treatment and try to influence parents as opportunities occur. They send the children who are referred to the Treatment Clinics regularly and punctually. A system of "Clinic Attendance Cards" is in use for those attending school, whereon is marked the date and time the child is next to visit the Clinic, the time the child leaves school for the purpose and the time she is dismissed from the Clinic. The card is retained by the Teacher till attendance at the Clinic is no longer required, except when the child is actually making the visit and returning.

I think the Teachers appreciate the definite information of the child's movements obtained by this means, and realise they are more than compensated for the attention required to carry it out.

The frequency with which the Teachers send children notified to them by the S.M.O. to be suffering from certain defects, especially those defects for which no treatment is provided by the Authority, convinces me that they are anxious to secure a remedy as early as possible for those known by them to require it.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

(1) Medical Inspection.

By procuring the entrance to school of all children as soon as they attain school age, and ascertaining the arrival in the district of all new-comers, they make the group submitted for inspection as complete as possible.

(2) Following Up.

The School Attendance Officers are made aware of those cases of defects in which no effort is made to secure treatment. If absence from school on account of sickness follows, capital is made of the parents' neglect and dealt with accordingly.

Absence from Inspection or Treatment Clinics are also reported to him. His investigation usually secures attendance.

The list of absences on account of alleged sickness is supplied by the Attendance Officer to the School Nurses, who visit the homes as far as the limited staff will allow, or the children are called to the Inspection Clinic if the nature of their ailment will allow.

(3) Treatment.

The School Attendance Officers use their influence to induce parents to seek the medical treatment advised. If persistent neglect to do so, or refusal is met with, and exclusion from school is involved, the officer reports the parents to the School Attendance Committee. There is a daily consultation and exchange of information between the School Attendance Officers and School Nurses, who in turn report to the S.M.O. any matters considered by them to be necessary. All cases of persistent irregularity of attendance, and those absent through doubtfully alleged sickness, are referred by the School Attendance Officers to the S.M.O. for examination and report. Also those alleged to be permanently unfitted to attend school. The officer likewise reports all cases of non-notifiable infectious diseases ascertained by him.

The officer also contributes to the compilation of the lists of cripples, blind, deaf, epileptics and mentally affected.

There is also a very close co-operation between the School Attendance and School Medical Services with a view to securing as regular attendance as possible, or if absence is necessary on account of sickness, procuring the appropriate treatment as speedily as possible.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The services of the S.P.C.C. are utilised to promote cleansing of children's heads and bodies and in securing treatment by neglectful parents. The local Inspector has rendered an invaluable help in these

directions with the greatest willingness. His services have been exceedingly useful in dealing with negligent parents of children suffering from defects of vision.

A weekly consultation is held between the Inspector, School Attendance Officer and a representative of the Medical Service.

The Leigh Guild of Help has frequently responded with assistance in cases represented to them as deserving, Other organisations have also assisted in the payment of train fares for cases visiting special Hospitals for treatment, particularly the Leigh District Nursing Association.

The Leigh Needlework Guild and the Save the Children Fund have provided a considerable number of articles of clothing for necessitous children.

These organisations administer their help to school children through the Nurses.

The Local Clog Fund—through the Chief School Attendance Officer—provide necessitous children with clogs.

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Lists are being compiled of children suffering from :—

Crippling Conditions	Blindness
Physical Defects.	Deafness
Mental Defects.	Epilepsy

Names are contributed whenever and wherever met with at Routine Inspection, Inspection Clinics, or suggested by the Teachers or School Attendance Officers.

The cases are reported to the School Attendance Committee and appropriate treatment recommended. The Committee send children to the following Institutions :—

Blind.	Henshaw's Blind Asylum, Old Trafford, Manchester.
	Catholic Blind Asylum, Liverpool.
	Thomason Memorial School for Blind, Bolton.
	Queen Alexandra Royal Schools for Blind, Birmingham.

	Fulwood Homes for Blind, Fulwood, Preston.
	Royal Schools for Blind, Leatherhead, Surrey.
	Leeds School for Blind, Leeds.
Deaf.	Thomason Memorial School for Deaf, Bolton.
	St. John's R.C. Institution for Deaf, Boston Spa.
	Royal Schools for Deaf, Manchester.
Physically Defective	Royal County Hospital, Heswall.
	Children's Hospital and Open-air School, West Kirby.
	St. Vincent's R.C. Surgical Home for Crippled Children, Eastcote.
Mentally Defective	Leeds Special School for Mental Defectives, Armley, Leeds.
	R.C. Special School, Field Heath House, Hillingdon, Middlesex.
	Hastings and St. Leonard's Special School, St. Leonards-on-Sea.
Epileptic.	Maghull Home for Epileptics.
	St. Elizabeth's R.C. Epileptic Home, Much Hadham, Herts.

If the parents are in a position to do so, they are asked to contribute to the maintenance and education of their child, the sum being fixed in each case on its merits by the Education Committee.

18—SUMMARY OF WORK OF THE SERVICE.

(a)	Number of visits to :—	
	Schools	167
	Departments	231
	Homes of Children	430
(b)	Number of Certificates issued for :—	
	Exclusion	578
	Re-admission	766
(c)	Number notified to attend School Clinic...	1475
	Attended	1740
	Number of Communications to Parents...	6107
	Attendances at Treatment Centre ...	7078
	Number reported to N.S.P.C.C... ...	15
	Number of Inspections for Cleanliness...	5518

J. CLAY BECKITT,
School Medical Officer.

Annual Report of the Ophthalmic Clinic.

Staff :—Dr. J. SACKVILLE MARTIN

Dr. G. H. SHAW

Meeting Place : Stone House.

To the School Medical Officer, Leigh.

Sir,

We have pleasure in submitting our Report for the year 1923.

During the year 27 Clinics were held.

The cases were referred to the Clinic by the School Medical Officer, under whose general supervision the work was carried out.

The patient is examined by retinoscopy under a mydriatic and a week later, subjectively. A third test is made with the spectacles *in situ* to check the correctness of the lenses and the fit of the frames.

Below are particulars of the work in tabular form :—

Nature of Treatment.

Examined by Retinoscopy.	Subjective Examination.	Spectacles Prescribed.	Spectacles Supplied.	Re-examined with Specs.
127	125	124	138	108

Nature of Defect.

Hypermetropia.	Myopia.	Astigmatism.	Various.
55	31	35	6

SUNDRY.

Referred to Eye Hospital	...	...	1
Referred to School for Blind	...	...	1
Spectacles unnecessary...	...	...	2
No change in Spectacles	...	...	2
Number of Clinics held...	...	...	27
Number of Attendances	...	..	360

A parent is invariably in attendance and receives the necessary instructions as to the use of the glasses and future attention.

J. SACKVILLE MARTIN, M.D., M.R.C.S.

G. H. SHAW, M.B., Ch.B.

Annual Report of the Aural Clinic.

Staff :—Dr. F. PEARCE STURM.

Meeting Place : Stone House.

To the School Medical Officer.

Sir,

I beg to present the Report of the Aural Clinic for the calendar year 1923.

The Clinic is held on Thursday mornings, but cases requiring daily treatment are attended to by the Nurse according to instructions.

The Clinic has been established for the purpose of carrying out prophylactic treatment on scientific lines. Its object is not to elaborate mastoid operations, but by sufficiently early treatment to forestall and render them unnecessary. Its work is founded upon the belief that the Eustachian tube begins at the tip of the nose, and that the tympanum is always affected by way of the Eustachian tube.

The Staff consists of :—

(1) The Medical Officer of Health.
(2) The Surgeon to the Clinic.
(3) Clinic Nurses.

Patients are referred to the Clinic in the first instance by the S.M.O., always with due regard to the interests of any private medical practitioner concerned. Here they are examined by the Surgeon, who takes of each a detailed record, which includes hearing tests, and carries out or immediately supervises such treatment as may be necessary. Particular attention is paid to the daily dry aseptic dressing of all early cases of otorrhœa. Each patient is meticulously examined for the presence of adenoid growths, by anterior and posterior rhinoscopy, in such cases as will submit to these procedures, and when necessary by digital palpation, irrespective of such obvious indications as mouth-breathing and the so-called adenoid facies, for experience proves that

these are late symptoms which only too frequently indicate that irreparable damage has been done to the ear. Digital examination, as a matter of fact, is rarely necessary, and even rhinoscopy is largely a finesse. The presence of granulations upon the posterior pharyngeal wall of a child, even in the absence of all other signs, is pathognomonic of adenoid vegetations, and can be relied upon. A small pad of suppurating adenoids, too insignificant to produce any of the classical symptoms of nasal obstruction, is, nevertheless, sufficient to initiate and perpetuate an intractable otorrhœa, which survives the most brilliant mastoid surgery, yet subsides upon the removal of its insignificant and often overlooked cause. When this simple truth is more universally realised the surgery of the temporal bone will always begin, and usually end, in the naso-pharynx.

The Service appears to be highly appreciated, and has been well supported. So many of the cases require operation as a preliminary to efficient treatment that close co-operation between this and the Operative Clinics has been found necessary.

This has been carried out with advantage to both and enormous benefit to the patient.

The nature of the condition in most cases entails a long and persistent course of treatment of a more or less skilled nursing character.

This, I am satisfied from everyday experience, can only be secured by a Clinic of this character, supported as it is by the service of a special nurse, reasonable accommodation, and sufficient authority to ensure regular attendance.

I am convinced by even the short experience of the Clinic that the number of deaf adults will in the future be very materially diminished in the town, and the "running ear," with all its obnoxious attendants and dangers to life, will almost cease to exist.

The following table gives particulars of the cases dealt with :—

New Cases	130
Required Treatment	124
Treatment given at Clinic ...	79
Referred to Operative Clinic ...	93
Referred to Leigh Infirmary ...	2
Inspected after Operation ...	115
Re-examinations	344
Total Attendances	587

Nature of Disease :—

Otorrhœa.	Deafness.	Otorrhæa and Deafness.	Adenoids.	Post-pharyngeal Abscess.
38	21	1	50	1

I would express my appreciation of the facilities provided for carrying on the work of the Clinic and the care of the Clinic Nurse in carrying out my instructions, and particularly desire to emphathise my indebtedness to the M.O.H., without whose co-operation this valuable work could never even have been commenced.

I am,

Yours obediently,

F. PEARCE STURM, Ch.M.,
Hon. Surgeon to the Clinic.

Annual Report of the Operative Clinic.

Staff :—Surgeon, Dr. F. PEARCE STURM.
Anæthetist, Dr. J. JONES.

Meeting Place : Stone House.

A.—Report of Surgeon.

To the School Medical Officer.

Sir,

This Clinic was established on account of the extreme difficuly of getting Enlarged Tonsils and Adenoids efficiently treated through the agency of the parents. Very few, even of the cases found to be drifting into Deafness, Chronic Otorrhœa, etc., were operated on and we seemed to be ploughing the sands. A considerable list of suitable cases had consequently accumulated.

The mere presence of Enlarged Tonsils does not constitute a qualification for operation, and very few of the cases dealt with suffered from Enlarged Tonsils only. The presence of Adenoids, however small, is considered to necessitate operative treatment. The majority dealt with so far have developed into the stage of exhibiting unmistakable objective signs, but it is hoped when the older and more urgent cases have been dealt with to treat at an earlier stage, and thus prevent the more or less permanent physical effects.

The preliminaries are carried out at the Inspection Clinic and a "consent" card is signed by a parent or guardian. Written instructions are sent to the parent for the preparation and attendance of the child. Also detailed instructions for carrying out breathing exercises and after-treatment up to the time of re-inspection nine days after operation.

This part of the procedure is considered to be of the greatest importance and laxity is easily detected at subsequent inspections. I attribute the excellence of our results to the close adherence to our instructions for breathing which have been insisted on. Every case is inspected regularly until satisfactory progress is being made.

The following is the usual procedure :—

1. No operation is performed in the presence of oral sepsis. Such cases are referred to the School Dentist for appropriate preliminary treatment.

2. Every child before operation undergoes a thorough physical examination, and on the day of operation is examined independently by two members of the School Medical Service. In this way it is possible to detect and reject cases of suspected status lymphaticus.

3. Elaborate precautions are taken to eliminate the dangerous emotional element of fear. Anæsthesia is induced in a room adjoining the operation room. After operation the child is not carried back to the ward where other small patients are waiting their turn, but to a separate ward devoted to this purpose. Thus no child sees another recovering from the immediate effects of operation until he himself has also undergone the ordeal. In this manner the children are spared the terror of seeing an unconscious and possible blood-bedrabbled companion returned to their midst. They regain consciousness more or less altogether, and forget their fear in boasting to one another of their sufferings and fortitude.

4. Operations are performed in the morning. The same evening the patients are examined by the Surgeon, and such as are fit to be discharged are returned to their homes by motor ambulance.

With regard to the method of operation, adenoids are removed by the La force adenmatome, an instrument whose value it is impossible to over-estimate. Diseased or hypertrophied tonsils are enucleated complete in their capsule by the Sluder method. I have used this method in all cases since 1911, and have yet to meet one to which it is inapplicable.

The following table gives details of the work carried out during the calendar year 1923 :—

Adenoids.	Tonsils.	Adenoids and Tonsils.	Total Boys.	Total Girls.
			48	70
60	1	57	118	

The results so far as can be judged at this early stages of the Clinic have been far superior to what is usually met with after out-patient treatment at hospitals, etc. Being in touch with most of these children in connection with the Aural Clinc, I am in a position to assess their permanent cure.

I am,

Yours obediently,

F. PEARCE STURM, Ch.M.,
Surgeon.

B.—Report of Anæsthetist.

To the School Medical Officer.

Sir,

The Anæsthetic methods indicated in my previous report have been continued during the past session, and appear to be quite satisfactory.

As a rule, a mixture of Ether and Chloroform has been used, but it has been varied when necessary to meet individual needs. A quick recovery both from the operation and anæsthetic has been the rule, and the children have usually been fit to go home in the ambulance the same evening; one who lived near at hand was taken home by parents at their desire, and it was found desirable to let one remain in Stone House all night and go home next morning. This was done, the child being quite comfortable during the night and going home in comfort and safety next day.

The arrangements for the children's comfort and peace of mind whilst in Stone House appear to be all that could be desired, and it is to be hoped that they will continue to be as successful as they have been.

I am,

Yours obediently,

JOSEPH JONES, M.D.

Anæsthetist.

Annual Report of the Dental Clinic.

Staff:—Mr. E. ENTWISLE, L.D.S.

To the School Medical Officer.

Sir,

I beg to submit my Report of the work done in connection with the Dental Clinic for the year ending December 31st, 1923.

I give four sessions per week to inspection and treatment.

The Routine Inspection is carried on in the Schools. I examine the teeth of:—

(a) Groups aged 5 to eight years.
(b) All others previously treated at the Dental Clinic.

I thus endeavour to keep in touch with all the children whose parents give consent for treatment at the time the defect is ascertained.

The importance of sound teeth is now so well recognised as a necessity of good health that no effort can be too great or costly that can ensure it. The treatment is carried out on strictly conservative lines, preservation of the teeth in a sound condition being aimed at. There are still a considerable number of parents who either object to the inspection and treatment or are so indifferent that they fail to respond to an invitation to bring their child to the Clinic. I realise, however, this trait is gradually disappearing. Where parental co-operation is secured the teeth are periodically re-examined during the whole of school life, and the child can thus enter the industrial world with at least one frequent handicap removed. This co-operation has to some extent been diminished by the request for a small payment. It is hoped this result is only temporary and will disappear when the parents have become accustomed to the scheme.

Section D. of Table IV. of the Appendix gives a summary of the number of children dealt with and the nature of treatment carried out.

My thanks are due to all my colleagues in the School Medical Service for their ready assistance, and to the teachers for the facilities they grant me at the inspections.

I am,

Yours obediently,

E. ENTWISLE,

Dental Surgeon.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	731
Intermediates	791
Leavers	771
Total	2293
Number of other Routine Inspections	

B.—Other Inspections.

Number of Special Inspections	883
Number of Re-inspections	1257
Total	2140

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December.

1 Defect or Disease.		Routine Inspections. No. of Defects. 2 Requiring treatment.	Routine Inspections. No. of Defects. 3 Requiring to be kept under observation, but *not* requiring treatment.	Special Inspections. No. of Defects. 4 Requiring treatment.	Special Inspections. No. of Defects. 5 Requiring to be kept under observation, but *not* requiring treatment.
	Malnutrition	8			
	Uncleanliness ... . (See Table IV., Group V.)				
Skin	Ringworm :				
	Scalp	25			
	Body	30			
	Scabies	1			
	Impetigo	252			
	Other Diseases (non-Tuberculous)..	12			
Eye	Blepharitis	50			
	Conjunctivitis	33			
	Keratitis	8			
	Corneal Opacities				
	Defective Vision (excluding Squint)	152			
	Squint...	30			
	Other Conditions	13			
Ear	Defective Hearing	28			
	Otitis Media	35			
	Other Ear Diseases	5			

1		2	3	4	5
Nose and Throat	Enlarged Tonsils only	145	144		
	Adenoids only	53	3		
	Enlarged Tonsils and Adenoids ...	16			
	Other Conditions	11			
Enlarged Cervical Glands (Non-Tuberculous) ..			4		
Defective Speech			5		
Teeth—Dental Diseases ... ... (See Table IV., Group IV.)					
Heart and Circulation.	Heart Disease :				
	Organic		14		
	Functional		2		
	Anæmia	47			
Lungs	Bronchitis	20	12		
	Other Non-Tuberculous Diseases...				
Tuberculosis	Pulmonary :				
	Definite	2			
	Suspected	30			
	Non-pulmonary :				
	Glands	25			
	Spine	2			
	Hip				
	Other Bones and Joints ...	1			
	Skin	4			
	Other Forms	2			
Nervous System	Epilepsy	1			
	Chorea	5			
	Other Conditions				
Deformities	Rickets		5		
	Spinal Curvature	6			
	Other Forms		4		
Other Defects and Diseases			56		

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding uncleanliness and dental diseases).

Group. 1	Number of Children. Inspected. 2	Number of Children. Found to require treatment. 3	Percentage of Children found to require treatment. 4
Code Groups :			
Entrants	731	162	22%
Intermediates ...	791	106	13%
Leavers	771	135	17%
Total (Code Groups) ...	2293	403	17 ·57
Other Routine Inspections ...			

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

—	—	—	Boys.	Girls.	Total.
Blind (including partially blind).	(*i*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...		1	1
		Attending Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...			
	(*ii*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	3		3
		Attending Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...		1	1
Deaf (including deaf and dumb and partially deaf)	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...			
		Attending Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...			
	(*ii*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	3	1	4
		Attending Public Elementary Schools			
		At other Institutions			
		At no School or Institution ...		1	1
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	2	1	3
		Attending Public Elementary Schools	4	3	7
		At other Institutions			
		At no School or Institution ...	1	1	2
	Notified to the Local Control Authority *during the year.*	Feeble-minded...			
		Imbeciles			
		Idiots			
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...			
		In Institutions other than Certified Special Schools...			
		Attending Public Elementary Schools			
		At no School or Institution ...		2	2
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools			
		At no School or Institution ...		1	1

—	—	—	Boys.	Girls.	Total.
Physically Defective	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board		2	2
		At other Institutions	4	5	9
		At no School or Institution ..	17	23	40
	Non-infectious but Active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
		At Certified Residential Open Air Schools			
		At Certified Day Open Air Schools			
		At Public Elementary Schools			
		At other Institutions	3	4	7
		At no School or Institution ...	22	30	52
	Delicate Children (*e.g.*, pre-or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Certified Residential Open Air Schools			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	13	20	33
		At other Institutions			
		At no School or Institution ...	9	15	24
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board			
		At Public Elementary Schools			
		At other Institutions	6	7	13
		At no School or Institution ...			
	Crippled Children (other than those with Active Tuberculosis Disease), *e.g.*, Children suffering from Paralysis, &c., and including those with Severe Heart Disease.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Public Elementary Schools	6	16	22
		At other Institutions	2	1	3
		At no School or Institution ...	3	4	7

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect. 1	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
Skin—			
Ringworm-Scalp	23	15	38
Ringworm-Body	28	8	34
Scabies	1	—	1
Impetigo	201	55	256
Other Skin Disease	12	8	20
Minor Eye Defects— (External and other, but excluding cases falling in Group II.)	43	65	108
Minor Ear Defects—	21	8	29
Miscellaneous— (*e.g.* minor injuries, bruises, sores, chilblains, etc.)	61	103	164
Total	390	262	650

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. 1	Number of defects dealt with. Under the Authority's Scheme. 2	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. 3	Otherwise. 4	Total. 5
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report	127	15		142
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)				
Total	127	15		142

Total number of children for whom spectacles were prescribed—

(*a*) Under the Authority's Scheme 124

(*b*) Otherwise 15

Total number of children who obtained or received spectacles—

(*a*) Under the Authority's Scheme 138

(*b*) Otherwise 15

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
1	2	3	4	5
118	8	126	30	156

Group IV.—Dental Defects.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups	5...	552	Total...	2257
	6...	637		
	7...	706		
	8...	96		
	9...	74		
	10..	83		
	11...	51		
	12...	34		
	13...	21		
	14 ..	3		
Specials				66
			Grand Total ...	2323

(*b*) Found to require treatment 1254

(*c*) Actually treated 558

(*d*) Re-treated during the year as the result of periodical examination 102

(2) Half-days devoted to { Inspection... 8 / Treatment... 144 } Total 152

(3) Attendances made by children for treatment... 1645

(4) Fillings { Permanent teeth... 172 / Temporary teeth .. 137 } Total 309

(5) Extractions { Permanent teeth... 75 / Temporary teeth... 958 } Total 1033

(6) Administration of general anaesthetics for extractions—

(7) Other operations { Permanent teeth.. 61 / Temporary teeth... 205 } Total 266

Group V.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses...7.23

(ii) Total number of examinations of children in the Schools by School Nurses...6433

(iii) Number of individual children found unclean.. 938

(iv) Number of children cleansed under arrangements made by the Local Education Authority...20

(v) Number of cases in which legal proceedings were taken :

(*a*) Under the Education Act, 1921...3

(*b*) Under School Attendance Byelaws... —